

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Rafael Perez</u> Sign: <u>Rafael Perez</u>	Street: <u>1127 So. 15th</u> City: <u>Milwaukee</u> WIS Zip: <u>53204</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>Amanda Korthorn</u> Sign: <u>Amanda Korthorn</u>	Street: <u>1671 S. 34th St.</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()

1. Johanna L Johnson-Massey (certify): I reside at 3143 S. 46 St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Greenfield
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Johanna L Johnson-Massey
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators,
Please include your co

Phone
(414)
Email
name

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>JASON STACHOWIAK</u> Sign: <u>[Signature]</u>	Street: <u>6344^W EUCLID AV</u> City: <u>MILWAUKEE</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
2. Print: <u>Heather Stachowiak</u> Sign: <u>Heather Stachowiak</u>	Street: <u>6344^W EUCLID Ave</u> City: <u>Milwaukee</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
3. Print: <u>Heidi Sue Rodriguez</u> Sign: <u>Heidi Sue Rodriguez</u>	Street: <u>2237 S. 75th</u> City: <u>West Allis WI</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
4. Print: <u>Sara Swan</u> Sign: <u>Sara Swan</u>	Street: <u>6342 W. euclid Ave.</u> City: <u>Milwaukee</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Johanna L Johnson-Massey (Printed Name of Circulator)
I, Johanna L Johnson-Massey, (certify) reside at 3143 S. 46 (Circulator's Residence - Street Name and Number)

Greenfield (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012 (Month) (Day) (Year)
Johanna L Johnson-Massey (Signature of Circulator)

Page Not Official Use Only

Circulators,
Please include your co

Phone
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Email
hanna

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Recall Scott W
PO Box 1651
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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1. Print: <u>JEAN CRAMER</u> Sign: <u>Jean Cramer</u>	Street: <u>W225N498 Tacoma Dr.</u> City: <u>Waukesha WI</u> Zip: <u>53186</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email <u>pear</u> Phone <u>(262) 4</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()

I, Johanna L Johnson - Massey (certify): I reside at 3143 S. 46 St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Greenfield
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)
Johanna L Johnson-Massey
(Signature of Circulator)

Page No. (Official Use Only)
000503

Circulators.
Please include your contact

Phone
(414)
Email
mamoja

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee
PO Box 256
Madison, WI

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1. Print: <u>MARGARET E. Fields</u> Sign: <u>Margaret E. Fields</u>	Street: <u>10240 W. Terra Ave.</u> City: <u>Milwaukee</u> Zip: <u>53224</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/14/2011</u> (Month) (Day) (Year)	Email _____ Phone <u>(414)</u>
2. Print: <u>Marc Cannon</u> Sign: <u>Marc Cannon</u>	Street: <u>5501 W. County Line Rd.</u> City: <u>Brown Deer</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Brown Deer</u> (Municipality Name)	<u>12/14/2011</u> (Month) (Day) (Year)	Email _____ Phone <u>(414)</u>
3. Print: <u>Daniel Cannon</u> Sign: <u>Daniel Cannon</u>	Street: <u>5501 W. County Line Rd.</u> City: <u>Brown Deer</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Brown Deer</u> (Municipality Name)	<u>12/14/2011</u> (Month) (Day) (Year)	Email _____ Phone <u>(414)</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>

I, Kim Cannon (Printed Name of Circulator), (certify): I reside at 5501 W. County Line Rd. Brown Deer WI
(Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 10 2012 Kim Cannon
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
009504

Circulators,
Please include your contact information.
Phone
(414)
Email

SCOTT WALKER RECALL PETITION

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Return by J.
Committee t
PO Box 256
Madison, W

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1. Print: <u>JAMES LIJEWSKI</u> Sign: <u>[Signature]</u>	Street: <u>8827 W. MAGNOLIA ST</u> City: <u>MILWAUKEE</u> Zip: <u>53224</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email <u>BALJA</u> Phone <u>(414)</u>
2. Print: <u>WILLIE CANNON JR</u> Sign: <u>[Signature]</u>	Street: <u>5501 W. COUNTY LINE RD</u> City: <u>BROWN DEER</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BROWN DEER</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email <u>WILL.C</u> Phone <u>(414)</u>
3. Print: <u>Andrew Lijewski</u> Sign: <u>[Signature]</u>	Street: <u>8827 W. Magnolia St</u> City: <u>Milwaukee</u> Zip: <u>53224</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email <u>l.jew</u> Phone <u>(414)</u>
4. Print: <u>Anna Lijewski</u> Sign: <u>[Signature]</u>	Street: <u>8827 W Magnolia st.</u> City: <u>Milwaukee</u> Zip: <u>53224</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

I, Kim Cannon, (certify): I reside at 5501 W. County Line Rd. Brown Deer WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 10 / 2012
(Month) (Day) (Year)

Kim Cannon
(Signature of Circulator)

Page No. (Official Use Only)
009505

Circulators,
Please include your contact info
Phone
(414)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by JA
Committee to
PO Box 2569
Madison, WI

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1. <u>KEVIN USTBY</u> Print: <u>Kevin Ustby</u> Sign: <u>Kevin Ustby</u>	Street: <u>2554 S. 64th ST.</u> City: <u>MILWAUKEE</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
2. <u>Travis Podrug</u> Print: <u>Travis Podrug</u> Sign: <u>Travis Podrug</u>	Street: <u>9324 W Park Hill</u> City: <u>Milwaukee</u> Zip: <u>53226</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
3. <u>LINDA BORDA</u> Print: <u>Linda Borda</u> Sign: <u>Linda Borda</u>	Street: <u>3443 S. HONEY CREEK DR.</u> City: <u>MILWAUKEE</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
4. <u>Luis A. BORDA</u> Print: <u>Luis A. Borda</u> Sign: <u>Luis A. Borda</u>	Street: <u>3443 S. HONEY CREEK DR.</u> City: <u>MILWAUKEE</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
5. <u>Marybeth Justus</u> Print: <u>Marybeth Justus</u> Sign: <u>Marybeth Justus</u>	Street: <u>3029 S. 95th ST</u> City: <u>West Allis</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/12/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>

I, Luis Borda, (certify): I reside at 3615 S. 60th ST Apt #11
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Luis A. Borda
(Signature of Circulator)

Page No. (Official Use Only)
00506

Circulators,
Please include your contact info
Phone
(414)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Debra Ann Stewart	<i>[Signature]</i>	Street: 2871 So. 43rd St. City: Milwaukee, WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/20/2011 (Month) (Day) (Year)	Email Phone
2. Naomi Marie Stewart	<i>[Signature]</i>	Street: 2741 S. 47th St. City: Milw. WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/20/2011 (Month) (Day) (Year)	Email Phone
3. Jesse Michael Stewart	<i>[Signature]</i>	Street: 2771 S. 43rd St. City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/20/2011 (Month) (Day) (Year)	Email Phone
4. Robert A. Morgan	<i>[Signature]</i>	Street: 1638 Cedar St. City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone
5. Guadalupe Hernandez	<i>[Signature]</i>	Street: 3943 E. Polaski Ave City: Cudahy WI Zip: 53110	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/29/2011 (Month) (Day) (Year)	Email Phone
6. Eduardo Rodriguez	<i>[Signature]</i>	Street: Milwaukee WI Zip: 53204 City: 1135 S 25th Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/29/2011 (Month) (Day) (Year)	Email Phone
7. Charles M. Ricard	<i>[Signature]</i>	Street: 2865 S 43rd Street City: Milwaukee WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1/03/2012 (Month) (Day) (Year)	Email Phone
8. Jennifer S. Ricard	<i>[Signature]</i>	Street: 2865 So 43rd St City: Milwaukee WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1/3/2012 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Jennifer S. Ricard, (Name of Circulator), (certify): I reside at 2865 So. 43rd St, Milwaukee 53219 (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/13/2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page Not for Office Use Only

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Return
Commit
PO Box
Madison

Circulators, p

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Jeanne Bord	<i>Jeanne Bord</i>	Street: N7900 D.R. Rd. City: Mt. Calvary Zip: 53057	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Marshfield	12/10/2011 (Month) (Day) (Year)	Email: jbord Phone: (920) 79
2. ANNETTE BERTHIN	<i>Annette Berthin</i>	Street: 1531 N. W. ... City: MILWAUKEE Zip: 53202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: () Phone: ()
3. Carline Andrew	<i>Carline Andrew</i>	Street: 1914 N PROSPECT Ave #35 City: MILWAUKEE Zip: 53202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: Candre Phone: (817) 3
4. Penelope Stewart	<i>Penelope Stewart</i>	Street: 1726 N 18th St City: Milwaukee Zip: 53205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: penelope Phone: ()
5. FRANCO - MAGDA BANASZAK	<i>Magda Banaszak</i>	Street: 1839 N. PALMER City: MILWAUKEE Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	12/17/2011 (Month) (Day) (Year)	Email: mFhand Phone: ()
6. Rose Ann Wasserman	<i>Rose Ann Wasserman</i>	Street: 1503 N. Marshall St. City: Milwaukee, WI Zip: 53202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: () Phone: ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: () Phone: ()
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: () Phone: ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: () Phone: ()

Certification of Circulator

I, Denise Bord, (certify): I reside at 455 W English Meadows Dr. Greenfield Apt. F208
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.12(3)(a), Wis. Stats.

1 / 13 / 2011
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Denise Bord
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Rositta Zarske		Street: 2405 Memorial Dr. City: Brookfield Zip: 53045	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	11/24/2011 (Month) (Day) (Year)	Email: dnc2a Phone: (262) -
2. Albine Hermann		Street: 265 N Bobolink Dr. City: Brookfield Zip: 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	11/24/2011 (Month) (Day) (Year)	Email: Phone: (262) -
3. Rudolf Hermann		Street: 265 N Bobolink Dr. City: Brookfield Zip: 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	11/24/2011 (Month) (Day) (Year)	Email: Phone: (262) -
4. DEAN ZARKE		Street: 2405 MEMORIAL DR City: Brookfield Zip: 53045	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	11/24/2011 (Month) (Day) (Year)	Email: DNEZ Phone: (262) -
5. Amy Eichstaedt		Street: N15W27577 Pheasant Ln. City: Pewaukee Zip: 53072	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pewaukee	11/26/2011 (Month) (Day) (Year)	Email: eichs4@ Phone: (262) -
6. BURT EICHSTAEDT		Street: N15W27577 Pheasant Ln. City: Pewaukee Zip: 53072	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pewaukee	11/26/2011 (Month) (Day) (Year)	Email: Phone: (262) -
7. ELIZABETH M. DESTACHE		Street: 525 W30390 Kinnal Lane City: Waukesha Zip: 53188	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Genesee	12/9/2011 (Month) (Day) (Year)	Email: DDESTAC Phone: (262) -
8. Jennifer Schild		Street: 1623 Haymarket Rd City: Waukesha Zip: 53189	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waukesha	12/9/2011 (Month) (Day) (Year)	Email: jbonde Phone: (262) -
9. Lisa Dallman		Street: 4755 Bolling Meadow Dr City: New Berlin Zip: 53146	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Berlin	12/31/2011 (Month) (Day) (Year)	Email: Phone: (262) -
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email: Phone: () -

Certification of Circulator

I, Rositta Zarske, (certify): I reside at 2405 Memorial Dr. Brookfield
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Nicholas Strebig	<i>Nicholas Strebig</i>	Street: 10512 W. Cortez Circle #21 City: Franklin Zip: WI 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1 / 13 / 2012 (Month) (Day) (Year)
2. Martin H. Klein	<i>Martin H. Klein</i>	Street: 1018 N. 35th St. City: Milwaukee WI Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1 / 13 / 2012 (Month) (Day) (Year)
3. Michael A. Maier	<i>Michael Maier</i>	Street: 3320 MEADOW CROFT CT City: BROOKFIELD WI Zip: 53045	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BROOKFIELD	1 / 13 / 2012 (Month) (Day) (Year)
4. NEIL KRANSCHUSTER	<i>Neil Kranschuster</i>	Street: 5329 W HIGHLANDS CT City: FRANKLIN WI Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1 / 13 / 2012 (Month) (Day) (Year)
5. FRANK ROTH	<i>Frank Roth</i>	Street: 316 S 71st City: MILWAUKEE Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1 / 13 / 2012 (Month) (Day) (Year)
6. Ervin S. Yanke	<i>Ervin S. Yanke</i>	Street: 255 Kirkham Ct. City: Brookfield, WI Zip: 53045	<input checked="" type="checkbox"/> Town of Brookfield <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 13 / 2012 (Month) (Day) (Year)
7. Maxine A. Yanke	<i>Maxine A. Yanke</i>	Street: 255 Kirkham Ct. City: Brookfield, WI Zip: 53045	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1 / 13 / 2012 (Month) (Day) (Year)
8. Beth Norris	<i>Beth Norris</i>	Street: N9379 Beulah Rd City: East Troy Zip: 53120	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City East Troy	1 / 13 / 2012 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)

Certification of Circulator

I, Michael Ryan (Name of Circulator), (certify): I reside at 6922 W Becher St West Allis (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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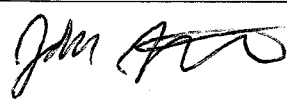
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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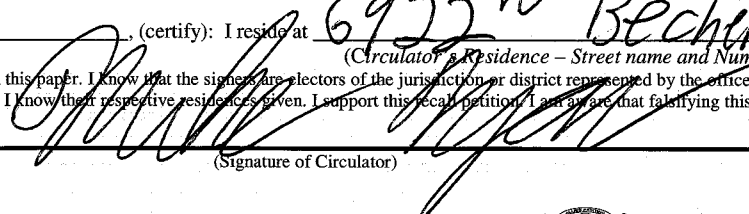
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John Strohbysch		Street: 4395 South 116th City: Greenfield Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1/13/2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Michael Ryan (Name of Circulator), (certify): I reside at 6922 W Becher St West Allis (Circulator's Residence - Street name and Number), West Allis (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Barbara Fickau	<i>Barbara Fickau</i>	Street: 8317 W. Howard Ave. #102 City: Greenfield, WI Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1 / 5 / 2022 (Month) (Day) (Year)	Email Phone (414) 3
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Kayla Meyer, (certify): I reside at 1515 N. Van Buren St #406, Milwaukee, WI (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Kayla Meyer
(Signature of Circulator)

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Circulators, please

Phone ()

Email

Kayla Meyer

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. RYAN GENS		Street: 720 WOODVIEW AVE. #4 City: SHEBOYGAN FALLS Zip: 53085	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SHEBOYGAN FALLS	12/28/2011 (Month) (Day) (Year)	Email Phone gersy8 (920) 6
2. TINA MYERS		Street: 244 MELROSE BLVD City: FOND DU LAC Zip: 54935	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	1/2/2012 (Month) (Day) (Year)	Email Phone SPOOKY (920) 6
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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Certification of Circulator

I, Tina Myers, (certify): I reside at 244 MELROSE BLVD FOND DU LAC
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 8 / 12012 Tina Myers
(Month) (Day) (Year) (Signature of Circulator)

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Circulators, please
Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. ROBERT STREHLow	Robert Strehlow	Street: 585 W32471 JOSHUA DR. City: W MUKWONAGO Zip: 53149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MUKWONAGO	12/18/2011 (Month) (Day) (Year)
2. SANDY STREHLow	Sandy Strehlow	Street: 585 W32471 JOSHUA DR. City: MUKWONAGO Zip: 53149	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MUKWONAGO	1/8/2012 (Month) (Day) (Year)
3. DAVID Scheidegger	David Scheidegger	Street: 585 W. 32230 ROBERTS CT. City: MUKWONAGO, Zip: 53149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MUKWONAGO	1/8/2012 (Month) (Day) (Year)
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Certification of Circulator

I, Donna Scheidegger (Name of Circulator), (certify): I reside at 585 W32230 Roberts Ct. (Circulator's Residence - Street name and Number) Mukwonago (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Donna Scheidegger
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. HAZEL SCHEIDEGGER	<i>Hazel Scheidegger</i>	Street: 13605 W. Montana Av. City: New Berlin WI Zip: 53151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Berlin	11/22/2011 (Month) (Day) (Year)	Email: 262-786 Phone: ()
2. Phil Slater	<i>Phil Slater</i>	Street: 2134 S Sunny Slope Rd City: New Berlin Zip: 53151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Berlin	11/23/2011 (Month) (Day) (Year)	Email: () Phone: ()
3. Sharon Finger	<i>Sharon Finger</i>	Street: 1076 Oconobanks City: Calgate Zip: 53017	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Richfield <input type="checkbox"/> City	11/25/2011 (Month) (Day) (Year)	Email: () Phone: ()
4. Amanda Raduenz	<i>Amanda Raduenz</i>	Street: 2794C Edwards St. City: East Troy Zip: 53120	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village East Troy <input type="checkbox"/> City	11/26/2011 (Month) (Day) (Year)	Email: () Phone: ()
5. Allison Scheidegger	<i>A. Scheidegger</i>	Street: 585 W32230 Roberts Ct City: Mukwonago Zip: 53149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwonago	11/26/2011 (Month) (Day) (Year)	Email: () Phone: ()
6. Kathy Fehly	<i>Kathy Fehly</i>	Street: 585 W32354 Roberts Ct. City: Mukwonago, WI Zip: 53149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwonago	11/26/2011 (Month) (Day) (Year)	Email: () Phone: ()
7. Kristine Fehly	<i>Kristine Fehly</i>	Street: 585 W32354 Roberts Ct. City: Mukwonago Zip: 53149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwonago	11/26/2011 (Month) (Day) (Year)	Email: () Phone: ()
8. Brian Fehly	<i>Brian Fehly</i>	Street: 585 W32354 Roberts Ct. 53149 City: Mukwonago Zip: 53149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mukwonago	11/26/2011 (Month) (Day) (Year)	Email: () Phone: ()
9. Jennie Robinson	<i>Jennie Robinson</i>	Street: 5065 Joshua N 53010 City: West Bend Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Bend	11/26/2011 (Month) (Day) (Year)	Email: () Phone: ()
10. Donna Scheidegger	<i>Donna Scheidegger</i>	Street: 585 W32230 Roberts Ct City: Mukwonago Zip: 53149	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mukwonago	12/18/2011 (Month) (Day) (Year)	Email: () Phone: ()

Certification of Circulator

I, Donna Scheidegger, (certify): I reside at 585 W32230 Roberts Ct. Mukwonago
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 1 9 12012
(Month) (Day) (Year)

Donna Scheidegger
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MARCELLA DUSZYNSKI	Marcella Duszynski	Street: 800 Columbia St City: South Milwaukee 53172	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City South Milwaukee	12/5/2012 (Month) (Day) (Year)
2. Shelly Walters	Shelly Walters	Street: 4072 S. 43rd St City: Greenfield WI Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/10/2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Susan Marschman, (Name of Circulator)

(certify): I reside at

W151 56799 Golden Country Rd Muskego (Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given in support of this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Susan Marschman
(Signature of Circulator)

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Circulators, please

Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>ROSEMARY HIRSCH</u> Sign: <u>Rosemary Hirsch</u>	Street: <u>2761 So. 70th St.</u> City: <u>Milwaukee</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone <u>(414) 5</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

I, Jeanine Olson (Printed Name of Circulator) (certify): I reside at 9044 W. Elm Cr #E (Circulator's Residence - Street Name and Number) Franklin WI (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)
Jeanine Olson
(Signature of Circulator)

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(Official Use Only)

Circulators.
Please include your contact

Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. <i>Merlinda L. Zeman</i>	<i>Merlinda L. Zeman</i>	Street: <i>2545 S. 34th St.</i> City: <i>Milwaukee</i> Zip: <i>53215</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Milwaukee</i>	<i>1/11/2012</i> (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)

Certification of Circulator

I, *Daryl L. Olson*, (certify): I reside at *1943 S. 74th St.* *West Allis*
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mary Stathas	<i>Mary Stathas</i>	Street: 6211 W. Idaho St. City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/23/2011 (Month) (Day) (Year)
2. Hope Jansen	<i>Hope Jansen</i>	Street: 6219 W. Idaho St. City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/24/2011 (Month) (Day) (Year)
3. Thomas Stathas	<i>Thomas Stathas</i>	Street: 1204 W. Holt Ave City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/24/2011 (Month) (Day) (Year)
4. Jenna Koehn	<i>Jenna Koehn</i>	Street: W215 N5387 Ada Ct City: Menomonee Falls Zip: 53051	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menomonee Falls	11/25/2011 (Month) (Day) (Year)
5. Kathy Reiss	<i>Kathy Reiss</i>	Street: W240 N2300 E. Parkway meadow cir. #A City: Pewaukee Zip: 53072	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pewaukee	11/25/2011 (Month) (Day) (Year)
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Certification of Circulator

I, Kathryn Stathas, (certify): I reside at 6211 W. Idaho St. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Kathryn Stathas
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committed
PO Box 2
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. STEVEN WAYNE	Steven Wayne	Street: 3251 S. 44 ST. City: Greenfield WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/7/2012 (Month) (Day) (Year)
2. CHRISTOPHER CÔTÉ	Christopher R Côté	Street: 2843 N. DOWNER AVE #1 City: MILWAUKEE Zip: 53211	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/10/2012 (Month) (Day) (Year)
3. Lisa Kabke	Lisa K. Kalhe	Street: 3520 S. Pine Ave City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
4. Marilisa Godoy	Marilisa R. Godoy	Street: 4111 West Morgan #4 City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
5. Martha Meyer	Martha A. Meyer	Street: 8823 Knoll Ct City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/13/2012 (Month) (Day) (Year)
6. Rodney Severson	Rodney Severson	Street: 7707 W Morgan Ave #1 City: Milwaukee Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2012 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, Catherine L. Piotrowski (Name of Circulator), certify: I reside at 4900 W. Jerelyn Place (Circulator's Residence - Street name and Number) Milwaukee (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Catherine L. Piotrowski
(Signature of Circulator)

Page No. (Official Use Only)
000520

Circulators, please include:
Phone
414
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to
Committee
PO Box 2
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. MARGARET ZETNER	<i>Margaret Zetner</i>	Street: 4820 W. CRAWFORD City: MILWAUKEE Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/10/2012 (Month) (Day) (Year)	Email Phone () ()
2. Tammie Peak	<i>Tammie Peak</i>	Street: 2955 N. RIVER City: WATKINSVILLE Zip: 53185	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	1/10/2012 (Month) (Day) (Year)	Email Phone () ()
3. CODY PYFER	<i>Cody Pyfer</i>	Street: 1329 N. 58th St City: Milwaukee Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/13/2012 (Month) (Day) (Year)	Email Phone () ()
4. Aaron Rosko	<i>Aaron Rosko</i>	Street: 2523 E. Webster Pl. #18 City: Milwaukee Zip: 53211	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2012 (Month) (Day) (Year)	Email Phone () ()
5. Roberto Pena	<i>Roberto Pena</i>	Street: 8823 Knoll Court City: Franklin WI Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/13/2012 (Month) (Day) (Year)	Email Phone () ()
6. Jon Wooten	<i>Jon Wooten</i>	Street: 2570 S. 33RD ST. City: MILWAUKEE Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/13/2012 (Month) (Day) (Year)	Email Phone () ()
7. Jennifer Thiede	<i>Jennifer Thiede</i>	Street: 3373 S. 84th #102 City: Milwaukee Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/18/2012 (Month) (Day) (Year)	Email Phone (414) 5
8. Julie Evans	<i>Julie Evans</i>	Street: 4249 W. College Ave. City: Milwaukee, WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/13/2012 (Month) (Day) (Year)	Email Phone () ()
9. David B. Haedeker	<i>David B. Haedeker</i>	Street: 7410 Watson Ave City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/30/2012 (Month) (Day) (Year)	Email Phone () ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Catherine L. Piotrowski, (certify): I reside at 4900 W. Jerelyn Place Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Catherine L. Piotrowski
(Signature of Circulator)

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Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

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1. Emily Nalzek	<i>Emily Nalzek</i>	Street: 7640 W Chadwick Rd City: Glendale Zip: 53217	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Glendale	12/4/2011 (Month) (Day) (Year)
2. ROBERT JOHNSON	<i>Robert H Johnson</i>	Street: 3325 S. 26th St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/11/2012 (Month) (Day) (Year)
3. Sadiqa Issa	<i>Sadiqa Issa</i>	Street: 2107 W. Mallory Ave City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)
4. Bilal Kordus	<i>Bilal Kordus</i>	Street: 1611 W Becher City: Milwaukee Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City milwaukee	1/11/2012 (Month) (Day) (Year)
5. Victoria Skowronski	<i>Victoria Skowronski</i>	Street: 8571 S. Chicago Rd Apt 27 City: Oak Creek Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	1/11/2012 (Month) (Day) (Year)
6. MARLYN PERLEWSKI	<i>Marlyn Perlewski</i>	Street: 3260 S. 26th St City: MILWAUKEE Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)
7. RICHARD PETLEWSKI	<i>Richard Petlewski</i>	Street: 3260 S. 26th St City: MIL Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/11/2012 (Month) (Day) (Year)
8. NICHOLAS E. ROSCH	<i>Nicholas E. Rosch</i>	Street: 127 N. WALNUT ST City: Oconomowoc Zip: 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oconomowoc	1/11/2012 (Month) (Day) (Year)
9. Rogushan Sethtis	<i>Rogushan Sethtis</i>	Street: 1747 S. 60th St City: West Allis Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/11/2012 (Month) (Day) (Year)
10. Stephanie Hafmann	<i>Stephanie Hafmann</i>	Street: 1329 N. 58th St City: MILWAUKEE Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/13/2012 (Month) (Day) (Year)

Certification of Circulator

I, Catherine L. Piotrowski, (certify): I reside at 4900 W. Jerelyn Place Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
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Catherine L. Piotrowski
(Signature of Circulator)

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I, Catherine L. Piotrowski
(Name of Circulator)

4900 W. Evelyn Place Milwaukee
(Circulator's Residence - Street name and Number) (Circulator Municipality)

(Circulator Municipality)

Circulators, please

Catherine L. Piotrowski
(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Duane Lippitt	<i>Duane Lippitt</i>	Street: 5527 W. Burnham St. City: West Allis Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	12/11/2011 (Month) (Day) (Year)
2. Joy Lenski	<i>Joy Lenski</i>	Street: 3235 Solis St #4 City: Milwaukee WI Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/11/2011 (Month) (Day) (Year)
3. THERESA GUARDOLA	<i>Theresa Guardola</i>	Street: 4954 S. 55th #103 City: GRAFTON WI Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	12/11/2011 (Month) (Day) (Year)
4. Samantha Malecki	<i>Samantha Malecki</i>	Street: 3152 S. 29th St. City: Milwaukee WI Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/12/2011 (Month) (Day) (Year)
5. Judy Villegas	<i>Judy Villegas</i>	Street: 2347 S 30th St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/12/2011 (Month) (Day) (Year)
6. Lauren K Yunker	<i>Lauren K Yunker</i>	Street: 3239 South 8th St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/12/2011 (Month) (Day) (Year)
7. Walter Cantello	<i>Walter Cantello</i>	Street: 8834 W Herbert Ave City: Milwaukee Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/12/2011 (Month) (Day) (Year)
8. Sarah Klasen	<i>Sarah Klasen</i>	Street: 5300 S Denis Ct. City: Hales Corners Zip: 53130	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hales Corners	12/12/2011 (Month) (Day) (Year)
9. Zina Franklin	<i>Zina Franklin</i>	Street: 4261 N 45th St City: Milwaukee Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/12/2011 (Month) (Day) (Year)
10. Maricela Bonilla	<i>Maricela Bonilla</i>	Street: 3253 S 8th St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/12/2011 (Month) (Day) (Year)

Certification of Circulator

I, Catherine Piotrowski, (certify): I reside at 4900 W. Terelyn Place Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 12 / 2011
(Month) (Day) (Year)

Catherine L. Piotrowski
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. William Hall	<i>William Hall</i>	Street: 20675 58 th City: West Allis Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	12/12/2011 (Month) (Day) (Year)	Email Phone ()
2. PULLIAM, SHANNON	<i>Shannon Pulliam</i>	Street: 4815 W OKLAHOMA City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/12/2011 (Month) (Day) (Year)	Email Phone ()
3. CHARLES A. BAILEY	<i>Charles A. Bailey</i>	Street: 2639 N. GRANT BLVD. City: MILWAUKEE Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	12/12/2011 (Month) (Day) (Year)	Email Phone (414) 4
4. Cecelia A Brown	<i>Cecelia A Brown</i>	Street: 3056 N. 36 th St City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/12/2011 (Month) (Day) (Year)	Email Phone (414) 4
5. Jesus Arellano	<i>Jesus Arellano</i>	Street: 3253 S 8 th ST City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/12/2011 (Month) (Day) (Year)	Email Phone ()
6. Peggy Lynn Mullikin	<i>Peggy Lynn Mullikin</i>	Street: 29918 Meadow Dr City: Burlington Zip: 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	12/21/2011 (Month) (Day) (Year)	Email Phone ()
7. Gregg Krawczyk	<i>Gregg Krawczyk</i>	Street: 2967 S. 46 ST City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/21/2011 (Month) (Day) (Year)	Email Phone ()
8. Nykia K.L. Smith	<i>Nykia Smith</i>	Street: 4790 Meadowview East City: Brookfield Zip: 53005	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/21/2011 (Month) (Day) (Year)	Email Phone ()
9. Matthew P Rausch	<i>Matthew P Rausch</i>	Street: 2022 N. Palmer St #7 City: Milwaukee Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone ()
10. NANCY WARREN	<i>Nancy Warren</i>	Street: 3993 S Prairie Hill #314 City: Greenfield Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Greenfield	1/7/2012 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Catherine Piotrowski, (certify): I reside at 4906 W. Jerelyn Place Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Catherine L Piotrowski
(Signature of Circulator)

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Jennifer Dunn	<i>Jennifer Dunn</i>	Street: 9481 N Michael Ct City: Milwaukee Zip: 53224	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone ()
2. Barbara Berdes	<i>Barbara Berdes</i>	Street: 5254 S. 24th St City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone (414) 2
3. Trisha Korber	<i>Trisha Korber</i>	Street: 2576 S. 24th St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone (414) 2
4. Joanne Paulowski	<i>Jo Paul.</i>	Street: 2576 S. 29th St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone (414) 3
5. Michael P. Reynolds	<i>Michael P. Reynolds</i>	Street: 3650 S. 52nd Street City: Greenfield Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone (414) 4
6. Terese Anello	<i>Terese M. Anello</i>	Street: 3713 W. Michigan St City: Milwaukee Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone ()
7. Todd K Pfeiffer	<i>Todd K Pfeiffer</i>	Street: 3903 Blue Goose Rd City: West Bend Zip: 53090	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ozaukee	1/7/2012 (Month) (Day) (Year)	Email Phone ()
8. Walter Goodtk, Jr	<i>Walter Goodtk, Jr</i>	Street: 1437 N. 19th St City: Milwaukee Zip: 53205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone ()
9. Majd. Abdul-Jalil	<i>Majd. Abdul-Jalil</i>	Street: 3462 S. 44th City: Greenfield Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/7/2012 (Month) (Day) (Year)	Email Phone ()
10. Asheena Matthews	<i>Asheena Matthews</i>	Street: 3811 W. Oklahoma art 6 City: Milwaukee WI Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Catherine Piotrowski, (certify): I reside at 4900 W. Terelyn Place Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 7 / 2012
(Month) (Day) (Year)

Catherine X. Piotrowski
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please

Phone (414)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Lore Ha Larson Sign: Lore Ha Larson	Street: 1050 13 Ave City: Baldwin Zip: 54002	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Baldwin (Municipality Name)	1/19/2012 (Month) (Day) (Year)	Email _____ Phone ()
2. Print: Leroy Larson Sign: Leroy Larson	Street: 1050 13 Ave City: Baldwin Zip: 54002	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Baldwin (Municipality Name)	1/19/2012 (Month) (Day) (Year)	Email _____ Phone ()
3. Print: Joan Hopfensperger Sign: Joan M. Hopfensperger	Street: 1140 Shaggy Bark Dr. City: Neenah Zip: 54956	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah (Municipality Name)	1/12/2012 (Month) (Day) (Year)	Email _____ Phone ()
4. Print: John PARISH Sign: John Parish	Street: 1151 PARK VILLAGE City: Neenah Zip: 54956	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah (Municipality Name)	1/12/2012 (Month) (Day) (Year)	Email _____ Phone ()
5. Print: RICHARD SCOTT Sign: Richard Scott	Street: 1235 WOODGATE LANE City: NEENAH WI Zip: 54956	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MENASHA (Municipality Name)	1/12/2012 (Month) (Day) (Year)	Email _____ Phone ()

I, Steve Larson (Printed Name of Circulator), (certify): I reside at 1704 South Adams St. (Circulator's Residence - Street Name and Number)

Appleton
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1, 12, 2012
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(Signature of Circulator)

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Please include your contact information.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>John Wittman</u> Sign: <u>[Signature]</u>	Street: <u>708 S SUNSHINE DR</u> City: <u>APPLETON</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>APPLETON</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email Phone <u>920</u>
2. Print: <u>Cory Hamen</u> Sign: <u>Cory Hamen</u>	Street: <u>1267 Radcliff Rd</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email Phone <u>920</u>
3. Print: <u>Cindy Ciofio</u> Sign: <u>Cindy Ciofio</u>	Street: <u>1267 Radcliff Rd</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>1/6/2012</u> (Month) (Day) (Year)	Email Phone <u>920</u>
4. Print: <u>MICHAEL SCHNESE</u> Sign: <u>Michael Schnese</u>	Street: <u>747 MANITOWOC ST</u> City: <u>MENASHA</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MENASHA</u> (Municipality Name)	<u>01/06/2012</u> (Month) (Day) (Year)	Email Phone <u>920</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone (

Certification of Circulator

I, Tom Ledvina (certify): I reside at W473cty Rd D, Berlin
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Poyissippi
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

Page No. (Official Use Only)
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Circulators,
Please include your

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>RUTH A. McVETTIE</u> Sign: <u>[Signature]</u>	Street: <u>W3614 ROCK ROAD</u> City: <u>FREEDOM</u> Zip: <u>54913</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>FREEDOM</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email Phone () ()
2. Print: <u>KAREN A SZCZESNY</u> Sign: <u>[Signature]</u>	Street: <u>W3614 Rock Road</u> City: <u>freedom</u> Zip: <u>54913</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>freedom</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email Phone () ()
3. Print: <u>Tom Blakeslee</u> Sign: <u>[Signature]</u>	Street: <u>W6817 School Rd</u> City: <u>Greenville</u> Zip: <u>54942</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Greenville</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone () ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Merry KravtKramer, (certify): I reside at 606 E. Forest St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Black Creek WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to F
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Ethan B Crum</u> Print: <u>Ethan Crum</u> Sign: <u>Ethan Crum</u>	Street: <u>58 Lawson St</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email <u>Ethan</u> Phone (920)-
2. <u>Hailey Kaufman</u> Print: <u>Hailey Kaufman</u> Sign: <u>Hailey Kaufman</u>	Street: <u>736 Second St.</u> City: <u>menasha</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>menasha</u> (Municipality Name)	<u>12/20/2011</u> (Month) (Day) (Year)	Email <u>haileyka</u> Phone (920)-
3. <u>Corey Kaufman</u> Print: <u>Corey Kaufman</u> Sign: <u>Corey Kaufman</u>	Street: <u>736 Second St</u> City: <u>menasha WI</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>menasha</u> (Municipality Name)	<u>12/21/2011</u> (Month) (Day) (Year)	Email <u>Kaufman</u> Phone (970)-
4. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()

I, Carolyn Paine (certify) I reside at 1315 Radcliff Rd. Town of Neenah
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 24 / 2011
(Month) (Day) (Year)

Carolyn Paine
(Signature of Circulator)

Page No. (Official Use Only)
000531

Circulators,
Please include your co

Phone
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Email
paine

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>CAROLE V. COWAN</u> Sign: <u>Carole V. Cowan</u>	Street: <u>2106 E. John St.</u> <u>Appleton, WI</u> City: _____ Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>Kaylene Breckheimer</u> Sign: <u>Kaylene Breckheimer</u>	Street: <u>5444 Michaels Dr. #1</u> City: <u>Appleton</u> Zip: <u>54913</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>John Mancel</u> Sign: <u>John Mancel</u>	Street: <u>N4208 Killamby Ln</u> City: <u>Freedom</u> Zip: <u>54930</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Freedom</u> (Municipality Name)	<u>12/24/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: <u>Thomas ENGSTROM</u> Sign: <u>Thomas Engstrom</u>	Street: <u>N 4208 KILLAMBY</u> City: <u>FREEDOM</u> Zip: <u>54930</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>FREEDOM</u> (Municipality Name)	<u>12/24/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()

I, Carolyn Paine (certify): I reside at B15 Radcliff Rd Town of Neenah
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 24 / 2011
(Month) (Day) (Year)

Carolyn Paine
(Signature of Circulator)

Page No. (Official Use Only)
000532

Circulators.
Please include your contact info
Phone
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Email
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:
Committee
PO Box 2
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. <u>BERNARD</u> Print: <u>DUBROWOLSKI,</u> Sign: <u>Bernard Dubrowolski</u>	Street: <u>515 FENTON ST</u> City: <u>RIPON</u> Zip: <u>54971</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RIPON</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)	Email Phone (
2. <u>Darlene Krantzsch</u> Print: <u>Darlene Krantzsch</u> Sign: <u>Darlene Krantzsch</u>	Street: <u>W6394 Lakeview Ct</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harrison</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)	Email Phone (
3. <u>David Staenkel</u> Print: <u>David Staenkel</u> Sign: <u>David Staenkel</u>	Street: <u>1604 Eugene St</u> City: <u>Menasha WI</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)	Email Phone (
4. <u>Jacob Lawyer</u> Print: <u>Jacob Lawyer</u> Sign: <u>Jacob Lawyer</u>	Street: <u>717 Sixth St</u> City: <u>Menasha</u> Zip: <u>WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)	Email Phone (
5. <u>Tracy Ollie</u> Print: <u>Tracy Ollie</u> Sign: <u>Tracy Ollie</u>	Street: <u>3587 N. Riple Range</u> City: <u>Appleton</u> Zip: <u>54913</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)	Email Phone (

Certification of Circulator

I, TIMOTHY J. KELLNICKER (certify): I reside at 1071 LAKE SHORE DRIVE TOWN OF MENASHA
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

1 12 2012
(Month) (Day) (Year)
Timothy J. Kellnik
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators,
Please include yo

Phone

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Kathy Scherg Print: Kathy Scherg Sign: Kathy Scherg	Street: 1703 Midway Rd. City: Menasha Zip: 54952	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha (Municipality Name)	12/14/2011 (Month) (Day) (Year)	Email Phone (
2. Chris Scherg Print: Chris Scherg Sign: Chris Scherg	Street: 124 E. Hoover Ave. City: Appleton Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton (Municipality Name)	12/14/2011 (Month) (Day) (Year)	Email Phone (
3. Tracy Duciaume Print: Tracy Duciaume Sign: Tracy Duciaume	Street: N1468 CTR RD T City: Hortonville Zip: 54944	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dale (Municipality Name)	1/5/2012 (Month) (Day) (Year)	Email Phone (
4. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	1/20 (Month) (Day) (Year)	Email Phone (
5. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	1/20 (Month) (Day) (Year)	Email Phone (

Certification of Circulator

1. Timothy J. Kellnacker (certify): I reside at 1071 Lakeshore Drive Town of Menasha
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

1 12 2012 Timothy J. Kellnacker
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

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Circulators,
Please include you

Phone

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 537

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Kimberly A. Kellnhauser</u> Sign: <u>Kimberly A. Kellnhauser</u>	Street: <u>1787 Fritsch Street</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>12/11/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Paula J Van Stappen</u> Sign: <u>Paula J Van Stappen</u>	Street: <u>1788 Fritsch Str.</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>12/11/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Brenda Van Stappen</u> Sign: <u>B Van Stappen</u>	Street: <u>3417 N. Rifle Range Rd</u> City: <u>Appleton</u> Zip: <u>54913</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grand Chute</u> (Municipality Name)	<u>12/11/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Gerald Van Stappen Jr</u> Sign: <u>Gerald Van Stappen Jr</u>	Street: <u>3417 N. Rifle Range Rd</u> City: <u>Appleton WI</u> Zip: <u>54913</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grand Chute</u> (Municipality Name)	<u>12/12/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Gerald Van Stappen</u> Sign: <u>GERALD VAN STAPPEN</u>	Street: <u>1788 FRITTSCH ST.</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>12/11/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Timothy S. Kellnhauser, (certify): I reside at 1071 Lakeshore Drive Town of Menasha
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

I, 12 12012 2012
(Month) (Day) (Year)
Timothy S. Kellnhauser
(Signature of Circulator)

Page No. (Official Use Only)

#090534

Circulators,
Please include your contact information

Phone

(920)

Email

T.Kellnhauser

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 537

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Kenneth Kravits</u> Sign: <u>Kenneth Kravits</u>	Street: <u>2929 WE/HOUSE</u> City: <u>Kaukauna</u> Zip: <u>54130</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kaukauna</u> (Municipality Name)	<u>11/23/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Erin Bernier</u> Sign: <u>Erin Bernier</u>	Street: <u>1700 Dublin Tr. #321</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>11/23/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Zachary Kellahan</u> Sign: <u>Zachary Kellahan</u>	Street: <u>1071 Lakeshore drive</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>11/23/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Rose M Verburg</u> Sign: <u>Rose M. Verburg</u>	Street: <u>2630 S. Kerry Ln.</u> City: <u>Appleton</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Kaitlin Smith</u> Sign: <u>Kaitlin Smith</u>	Street: <u>1412 Racine Rd.</u> City: <u>Menasha WI</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Stephanie Kellhauser (certify): I reside at 1071 Lakeshore Drive
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Town of Menasha
(Circulator Municipality)

Circulators,
Please include your contact

Phone

(920) 7

Email

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 / 2012
(Month) (Day) (Year)

Stephanie Kellhauser
(Signature of Circulator)

Page No. (Official Use Only)

#

000535

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 537

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Elliot Franczek</u> Sign: <u>Elliot Franczek</u>	Street: <u>N7571 Harwood Rd.</u> City: <u>Hilbert</u> Zip: <u>54129</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harrison</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email <u>ElliotFranczek</u> Phone <u>(920) 98</u>
2. Print: <u>Jerry Franczek</u> Sign: <u>Jerry Franczek</u>	Street: <u>N7571 S HARWOOD RD</u> City: <u>Hilbert</u> Zip: <u>54129</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harrison</u> (Municipality Name)	<u>11/22/2011</u> (Month) (Day) (Year)	Email <u>franczek</u> Phone <u>(920) 4</u>
3. Print: <u>Wendy Nelson</u> Sign: <u>W Nelson</u>	Street: <u>313 S. Midpark Dr</u> City: <u>Appleton</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/22/2011</u> (Month) (Day) (Year)	Email <u>Wj-nelson</u> Phone <u>(920) 73</u>
4. Print: <u>JANE FONTAINE</u> Sign: <u>J Fontaine</u>	Street: <u>564 W. Henry ST</u> City: <u>Kaukauna</u> Zip: <u>54130</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kaukauna</u> (Municipality Name)	<u>11/22/2011</u> (Month) (Day) (Year)	Email <u>J Fontaine</u> Phone <u>(920) 7</u>
5. Print: <u>THOMAS VANDENBOOM</u> Sign: <u>Thomas VanDuBoon</u>	Street: <u>810 E College</u> City: <u>Appleton</u> Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>APPLETON</u> (Municipality Name)	<u>11/22/2011</u> (Month) (Day) (Year)	Email <u>THOMAS.V</u> <u>ARR</u> Phone <u>(920) 8</u>

Certification of Circulator

I, Donna Franczek (certify): I reside at N7571 South Harwood Road Harrison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

November 21 2011
(Month) (Day) (Year)
Donna Franczek
(Signature of Circulator)

Page No. (Official Use Only)

000536

Circulators,
Please include your contact information

Phone

(920) 9

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>HEATHER DELLE</u> Sign: <u>[Signature]</u>	Street: <u>2028 N. 59th St</u> City: <u>MILWAUKEE</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email Phone (414)
2. Print: <u>Amanda Klatt</u> Sign: <u>Amanda Klatt</u>	Street: <u>68 Mallowson St</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>12/1/2011</u> (Month) (Day) (Year)	Email Phone (920)
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Ronald Klatt, (certify): I reside at 202 Grant St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Neenah
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

JAN 1 12 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

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000537

Circulators,
Please include your

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Mandy Froehlich</u> Sign: <u>Mandy Froehlich</u>	Street: <u>N9468 Cumberland Dr</u> City: <u>Appleton</u> Zip: <u>54915</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harrison</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email <u>mandy</u> Phone <u>(920)</u>
2. Print: <u>Daniel J. Froehlich</u> Sign: <u>DJF</u>	Street: <u>N9468 Cumberland Dr</u> City: <u>Appleton</u> Zip: <u>54915</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harrison</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email <u>mandy</u> Phone <u>(920)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, Mandy Froehlich, (certify): I reside at N9468 Cumberland Dr. Appleton
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/18ME 2012 Mandy Froehlich
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

000538

Circulators,
Please include your co

Phone

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Email

mandy

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Jamie Fuerst</u> Print: <u>Jamie Fuerst</u> Sign: <u>[Signature]</u>	Street: <u>1338 Orchard Ct</u> City: <u>Neenah</u> Zip: <u>54956 WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email: <u>jamie</u> Phone: <u>(920)</u>
2. <u>EUGENE BERNIER</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>517 EMERSON ST</u> City: <u>NEENAH WI</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>NEENAH</u> (Municipality Name)	<u>1/12/2012</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
3. Print: Sign: 	Street: City: Zip: 	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
4. Print: Sign: 	Street: City: Zip: 	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
5. Print: Sign: 	Street: City: Zip: 	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>

I, Steve Larson, (certify): I reside at 1704 South Adams St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Appleton
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1, 12, 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000539

Circulators.
Please include your con

Phone: (920)
Email: sd@larson

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Peter Malchow</u> Sign: <u>Peter Malchow</u>	Street: <u>420 Hazel St</u> City: <u>OshKosh</u> Zip: <u>54901</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>OshKosh</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>petermalchow</u> Phone <u>(920)</u>
2. Print: <u>Mary Greene</u> Sign: <u>Mary Greene</u>	Street: <u>442 E Columbian</u> City: <u>Neenah, WI</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>mgreene</u> Phone <u>(920) 2</u>
3. Print: <u>Tami Malcore</u> Sign: <u>Tami Malcore</u>	Street: <u>8418 Pioneer Rd</u> City: <u>Larsen WI</u> Zip: <u>54947</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Larsen</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>t m</u> Phone <u>(920)</u>
4. Print: <u>Hixiong Loe</u> Sign: <u>Hixiong Loe</u>	Street: <u>602 Ramlen Ct</u> City: <u>Appleton</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>hixiong</u> Phone <u>(920)</u>
5. Print: <u>Catherine Rozewski</u> Sign: <u>Catherine Rozewski</u>	Street: <u>329 Twelfth St.</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>Cat</u> Phone <u>(920)</u>

1. Christine Wilharm (Printed Name of Circulator) (certify): I reside at 628 Kessler Dr (Circulator's Residence - Street Name and Number) Neenah (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan. 12 (Month) 2012 (Year) Christine Wilharm (Signature of Circulator)

Page No. (Official Use Only)

000540

Circulators,
Please include your co

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu
Committee to R
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>PAUL M. VANDER WIELEN</u> Sign: <u>Paul M. Vander Wielen</u>	Street: <u>611 WASHINGTON AVE</u> City: <u>OSHKOSH</u> Zip: <u>54901</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>OSHKOSH</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email Phone <u>(920) 2</u>
2. Print: <u>Steven Bruce</u> Sign: <u>Steven Bruce</u>	Street: <u>1430 Baytree Lane</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email Phone <u>(920)</u>
3. Print: <u>Gail Bruce</u> Sign: <u>Gail Bruce</u>	Street: <u>1430 Baytree Lane</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email Phone <u>(920)</u>
4. Print: <u>Margaret Weyenberg</u> Sign: <u>Margaret Weyenberg</u>	Street: <u>319 E. Cecil</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>12/1/2011</u> (Month) (Day) (Year)	Email <u>720</u> Phone <u>(920)</u>
5. Print: <u>Sue Rogers</u> Sign: <u>Sue Rogers</u>	Street: <u>1819 Ounkist Rd.</u> City: <u>OSHKOSH</u> Zip: <u>54904</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Algoma</u> (Municipality Name)	<u>12/6/2011</u> (Month) (Day) (Year)	Email Phone <u>(920)</u>

I, Christine Wilharm (Printed Name of Circulator) (certify): I reside at 628 Kessler Dr (Circulator's Residence - Street Name and Number) Neenah (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan, 12, 2012 (Month) (Day) (Year)
Christine Wilharm (Signature of Circulator)

Page No. (Official Use Only)

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000541

Circulators,
Please include your co
Phone
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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Jennifer Merritt</u> Print: <u>Jennifer Merritt</u> Sign: <u>Jennifer Merritt</u>	Street: <u>125 E. Lindbergh St.</u> City: <u>Appleton</u> Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>City of Appleton</u> (Municipality Name)	<u>1</u> / <u>20</u> (Month) (Day) (Year)	Email: <u>jen.merritt</u> Phone: <u>(920)</u>
2. <u>STEPHEN MERRITT</u> Print: <u>STEPHEN MERRITT</u> Sign: <u>STEPHEN MERRITT</u>	Street: <u>4302 E. BENVALLEY DR.</u> City: <u>APPLETON</u> Zip: <u>54913</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>CITY OF APPLETON</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>sgmerritt</u> Phone: <u>(920)</u>
3. <u>James Kuenster</u> Print: <u>James Kuenster</u> Sign: <u>James Kuenster</u>	Street: <u>707 E. Byrd St.</u> City: <u>Appleton</u> Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>City of Appleton</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>jsk</u> Phone: <u>(920)</u>
4. <u>Randy Hasselquist</u> Print: <u>Randy Hasselquist</u> Sign: <u>Randy Hasselquist</u>	Street: <u>3231 S. Hemlock Ln.</u> City: <u>Appleton, WI</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email: <u>hazem</u> Phone: <u>(920)</u>
5. <u>Anna Zimmers</u> Print: <u>Anna Zimmers</u> Sign: <u>Anna Zimmers</u>	Street: <u>W2810 Oakridge Dr.</u> City: <u>Appleton</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Town of Buchanan</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email: <u>akb57</u> Phone: <u>(414)</u>

I, Christine Wilharm (certify): I reside at 628 Kessler Dr Neenah
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan. / 12 / 2012
(Month) (Day) (Year)

Christine Wilharm
(Signature of Circulator)

Page No. (Official Use Only)
003542

Circulators.
Please include your
Phone
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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Trisha Benbo</u> Sign: <u>Trisha Benbo</u>	Street: <u>663 Chestnut St.</u> City: <u>Neenah</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Dean Doersch</u> Sign: <u>Dean Doersch</u>	Street: <u>1066 Rainberry Ct</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Kristina Stingle</u> Sign: <u>Kristina Stingle</u>	Street: <u>1230 Devonshire Drive</u> City: <u>Oshkosh</u> Zip: <u>54902</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Oshkosh</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email <u>Kstingle</u> Phone (920)
4. Print: <u>CYNTHIA KARDONG</u> Sign: <u>Cynthia Kardong</u>	Street: <u>964 W. CECIL ST.</u> City: <u>NEENAH</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>NEENAH</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone (920)
5. Print: <u>Polly Kelly</u> Sign: <u>Polly Kelly</u>	Street: <u>665 Congress St.</u> City: <u>Neenah WI</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()

I, Christine Wilharm (Printed Name of Circulator) certify: I reside at 628 Kessler Dr (Circulator's Residence - Street Name and Number) Neenah (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan. 12 2012
(Month) (Day) (Year)

Christine Wilharm
(Signature of Circulator)

Page No. (Official Use Only)

033543

Circulators.
Please include your con
Phone
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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to R
PO Box 2569
Madison, WI 5

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>MARGUERITE L. HENKE</u> Sign: <u>Marguerite L. Henke</u>	Street: <u>500 WEST WASHINGTON ST.</u> City: <u>NEW LONDON, WI.</u> Zip: <u>54961</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>NEW LONDON</u> (Municipality Name)	<u>12/21/2011</u> (Month) (Day) (Year)	Email Phone <u>(920) 9</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>12/21/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Ryan Empey</u> Sign: <u>Ryan Empey</u>	Street: <u>1924 N. Booth St.</u> City: <u>Milwaukee</u> Zip: <u>53212</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/25/2011</u> (Month) (Day) (Year)	Email <u>rempey</u> Phone <u>(920) 9</u>
4. Print: <u>Carmen Empey</u> Sign: <u>Carmen Empey</u>	Street: <u>1924 N. Booth St.</u> City: <u>Milwaukee</u> Zip: <u>53212</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/25/20</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator
I, Christine Wilharm, (certify) I reside at 628 Kessler Dr Neenah
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan. 12 2012 Christine Wilharm
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
037544

Circulators.
Please include your con
Phone
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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Mark Goodacre</u> Sign: <u>Mark Goodacre</u>	Street: <u>1023 Gregory St</u> City: <u>Neenah, WI</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email Phone <u>(920) ()</u>
2. Print: <u>Tiffany Goodacre</u> Sign: <u>Tiffany Goodacre</u>	Street: <u>1023 Gregory St.</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email Phone <u>637- ()</u>
3. Print: <u>Peter Kardong</u> Sign: <u>Peter Kardong</u>	Street: <u>964w Cecil St.</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>12/24/2011</u> (Month) (Day) (Year)	Email Phone <u>920 ()</u>
4. Print: <u>Carol Whitney</u> Sign: <u>Carol Whitney</u>	Street: <u>968 W. Cecil St.</u> City: <u>Neenah, WI</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>1/4/2012</u> (Month) (Day) (Year)	Email Phone <u>(920) ()</u>
5. Print: <u>Doug Whitney</u> Sign: <u>Doug Whitney</u>	Street: <u>968 W. Cecil St</u> <u>Neenah, WI</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>1/4/2012</u> (Month) (Day) (Year)	Email Phone <u>(920) ()</u>

Certification of Circulator
I, Christine Wilharm (Printed Name of Circulator) (certify): I reside at 628 Kessler Dr (Circulator's Residence - Street Name and Number) Neenah (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan. 1 12 2012 (Month) (Day) (Year)
Christine Wilharm (Signature of Circulator)

Page No. (Official Use Only)
001545

Circulators,
Please include your con

Phone
()
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Chantay Peterson</u> Print: <u>Chantay Peterson</u> Sign: <u>Chantay Peterson</u>	Street: <u>10 Main St 207</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone ()
2. <u>Carol J. Stern</u> Print: <u>Carol J. Stern</u> Sign: <u>Carol J. Stern</u>	Street: <u>N6048 Wolf River Rd</u> City: <u>Shawano WI</u> Zip: <u>54166</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Richmond</u> (Municipality Name)	<u>11/27/2011</u> (Month) (Day) (Year)	Email Phone ()
3. <u>RICHARD W. STERN</u> Print: <u>RICHARD W. STERN</u> Sign: <u>Richard W. Stern</u>	Street: <u>N6048 WOLF RIVER RD</u> City: <u>SHAWANO WI</u> Zip: <u>54166</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RICHMOND</u> (Municipality Name)	<u>11/27/2011</u> (Month) (Day) (Year)	Email Phone ()
4. <u>Michael W. Wilharm</u> Print: <u>Michael W. Wilharm</u> Sign: <u>Michael W. Wilharm</u>	Street: <u>628 Kessler Dr</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>01/12/2012</u> (Month) (Day) (Year)	Email Phone ()
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

I, Christine Wilharm (Printed Name of Circulator) (Certify): I reside at 628 Kessler Dr. (Circulator's Residence - Street Name and Number) Neenah (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan. / 12 / 2012
(Month) (Day) (Year)

Christine Wilharm
(Signature of Circulator)

Page No. (Official Use Only)
000546

Circulators,
Please include your contact

Phone
()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Amanda Evers</u> Sign: <u>Amanda Evers</u>	Street: <u>218 E. Columbian Ave</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>01/07/2012</u> (Month) (Day) (Year)	Email <u>8860-</u> Phone ()
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, Charlotte Foth, (certify): I reside at 1033 Brighton Dr.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Menasha
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Charlotte Foth
(Signature of Circulator)

Page No. (Official Use Only)

111547

Circulators,
Please include your con

Phone

(920)

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Virendra N. Sharma</u> Sign: <u>V. Sharma</u>	Street: <u>1429 Chesterfield Ct</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>12/30/2011</u> (Month) (Day) (Year)	Email: <u>vsharma</u> Phone: <u>(920) 7</u>
2. Print: <u>Corrina Heider</u> Sign: <u>Corrina Heider</u>	Street: <u>1236 Green Acres Ln.</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(920) 4</u>
3. Print: <u></u> Sign: <u></u>	Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u></u> (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>()</u>
4. Print: <u></u> Sign: <u></u>	Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u></u> (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>()</u>
5. Print: <u></u> Sign: <u></u>	Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u></u> (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>()</u>

I, Charlotte Foth (certify): I reside at 1033 Brighton Dr. Menasha
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012
(Month) (Day) (Year)
Charlotte Foth
(Signature of Circulator)

Page No. (Official Use Only)
000548

Circulators,

Please include your contact information

Phone: (920) 7
Email:

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Please return by

Sierra Club—Jo
222 S. Hami
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES. WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must include box or fire no.	MUNICIPALITY RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING		IN
1. Sig: <u>[Signature]</u> Print: <u>Max Mogavero</u>	RM 703 Street: <u>718 East Alton St</u> City: <u>Appleton</u> Zip: <u>54911</u>	Town Village City: <u>Appleton</u>	<u>1/13/2012</u> (m) (d) (year)		E-mail Phone
2. Sig: <u>[Signature]</u> Print: <u>Lauren Challiner</u>	Street: <u>718 East Alton St. Rm 203</u> City: <u>Appleton</u> Zip: <u>54911</u>	Town Village City: <u>Appleton</u>	<u>1/13/2012</u> (m) (d) (year)		E-mail Phone
3. Sig: <u>[Signature]</u> Print: <u>Matthew Perrin</u>	Street: <u>718 E. Alton St. Room 703</u> City: <u>Appleton</u> Zip: <u>54911</u>	Town Village City: <u>Appleton</u>	<u>1/13/2012</u> (m) (d) (year)		E-mail Phone
4. Sig: <u>[Signature]</u> Print: <u>Zoe Parvathy</u>	Street: <u>212 South Durkee</u> <u>Street + Room 214</u> City: <u>Appleton, WI</u> Zip: <u>54911</u>	Town Village City: <u>Appleton</u>	<u>1/13/2012</u> (m) (d) (year)		E-mail Phone
5. Sig: <u>[Signature]</u> Print: _____	Street: <u>718 E. Alton St Rm 6B</u> City: <u>Appleton, WI</u> Zip: <u>54911</u>	Town Village City: <u>Appleton</u>	<u>1/13/2012</u> (m) (d) (year)		E-mail Phone

Certification of Circulator

I, Abigail Cahill (certify): I reside at 2119 Jefferson St Madison
(Printed Name of Circulator) (Circulator's Street Name and number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13 (3)(a), Wis. Stats.

January / 13 / 2012
(month) (day) (year)
Abigail Child
(Signature of Circulator)

Page No. (Official Use Only)
000549

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Please return by

Sierra Club—Jo
222 S. Ham
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES. WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must include box or fire no.	MUNICIPALITY RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING		
1. Sig: <u>Megan Ludwig</u> Print: <u>Megan Ludwig</u>	Street: <u>718 East Alton St. room 208</u> City: <u>Appleton WI</u> Zip: <u>54911</u>	Town Village <u>City</u> <u>Appleton</u>	<u>1 / 13 / 2012</u> (m) (d) (year)		E-mail Phone
2. Sig: <u>David Kozlowski</u> Print: <u>David Kozlowski</u>	Street: <u>718 East Alton St. 508</u> City: <u>Appleton WI</u> Zip: <u>54911</u>	Town Village <u>City</u> <u>Appleton</u>	<u>1 / 13 / 2012</u> (m) (d) (year)		E-mail Phone
3. Sig: <u>Russell Brannen</u> Print: <u>Russell Brannen</u>	Street: <u>718 E. Alton 707</u> City: <u>Appleton</u> Zip: <u>54911</u>	Town Village <u>City</u> <u>Appleton</u>	<u>1 / 13 / 2012</u> (m) (d) (year)		E-mail Phone
4. Sig: <u>Chris Agy</u> Print: <u>Chris Agy</u>	Street: <u>718 E Alton 704</u> City: <u>Appleton, WI</u> Zip: <u>54911</u>	Town Village <u>City</u> <u>Appleton</u>	<u>1 / 13 / 2012</u> (m) (d) (year)		E-mail Phone
5. Sig: <u>Nathan Lawrence</u> Print: <u>Nathan Lawrence</u>	Street: <u>718 E Alton St. #702</u> City: <u>Appleton</u> Zip: <u>54911</u>	Town Village <u>City</u> <u>Appleton</u>	<u>1 / 13 / 2012</u> (m) (d) (year)		E-mail Phone

Certification of Circulator

I, Abigail Cahill (certify): I reside at 2119 Jefferson St Madison
(Printed Name of Circulator) (Circulator's Street Name and number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13 (3)(a), Wis. Stats.

January / 13 / 2012
(month) (day) (year)
Abigail Cahill
Signature of Circulator

Page No. (Official Use Only)

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